

Short Plat Application

Department of Development and Environmental Services Land Use Services Division

900 Oakesdale Avenue Southwest Renton, Washington 98055-1219 206-296-6600 TTY 206-296-7217 For alternate formats, call 206-296-6600.

File No.

| This Section to be Con Owner's Name Street | | Zip | Phone | | |
|---|----------------------------|---------------|-------------|--|--|
| Owner 3 Name | Oity | Zip | THORE | | |
| Agent's Name Street | City | Zip | Phone | | |
| Agent's Name Street | City | Ζip | Filone | | |
| Address/Location of Property | Size | e of Property | No. of Lots | | |
| Address/Location of Froperty | Oizo | or roperty | NO. OI LOIS | | |
| 1/4 1/4 SEC TWP RGE L | egal Description | Tax Account | No. | | |
| | | | | | |
| I certify that the information provided by me is true and correct to the best | of my knowledge. | | | | |
| | | | | | |
| Signature Owner/Author | rized Agent | Date | | | |
| | | | | | |
| ********DO NOT WRITE I | BELOW THIS LINE ********** | ****** | | | |
| | | | | | |
| Date: Technician: Kroll: Zoning: | FEES | | | | |
| Min. Lot Area Restrictions: | State Highway? Yes | No 🗆 | | | |
| | | NO 📙 | | | |
| Community Planning Area: | Cities within 3 miles? | | | | |
| Comprehensive Plan Designation: | | | | | |
| Shorelines: Env: | | | | | |
| Sensitive Areas Map No.: | | | | | |
| ☐ Landslide ☐ Floodplain ☐ Fish Bearing | | | | | |
| ☐ Wetland ☐ Erosion ☐ Coal Mine ☐ Seismic ☐ Steep Slope | | | | | |
| Cicco otope | City Utilities? | | | | |
| Streams, Class: | | | | | |
| Known Unmapped Sensitive Areas: | | | | | |
| | Critical Corridor? | Yes 🗆 | No 🗆 | | |
| Critical Drainage Basin: | Bald Eagle Nest Buffer? | _ | No 🗆 | | |
| SWM Variance Deguested? | Bald Eagle Habitat Area? | | | | |
| SWM Variance Requested? | Baiu Eagle Habitat Area? | Yes | No 🗌 | | |
| CIP Project? | Forest Dist. AG Dist. | | | | |
| Access: Proof of Access Required? Yes | | | | | |
| Row Use Permit Required? | | | | | |
| Street | | | | | |
| Road Variance Requested? | | | | | |
| | | | | | |
| CIP Project? | RELATED FILES: | | | | |
| Critical Area Variance Requested? | | | | | |
| Certificate of Water Availability Required? | | | | | |
| Certificate of Sewer Availability Required? | | | | | |
| Health Department Approval Required? | | | | | |
| SEPA Required? (SA, 2ndG,P.B.) | | | | | |
| | | | | | |
| Proof of Legal Lot Required? | | | | | |
| Other: | | | | | |

Proposed Short Plat Map

| File No: | Date:Revision Date: | | |
|------------------------|---------------------|--|--|
| | | | |
| North Scale: 1" = ' | | | |